STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: Black Hills Pioneer		2. DATE 9-13-19
3. FREQUENCY OF ISSUE: Daily	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 306	3B. ANNUAL SUBSCRIPTION PRICE $: Various
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): P.O. Box 7 Spearfish, Lawrence County, SD 57783		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): P.O. Box 788 Hastings N.E., 68901		
6. FULL NAME OF PUBLISHER: Letitia Lister		

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Seaton Publishing Co. Inc	P.O. Box 7, Spearfish, SD 57783

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	4400	4428
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	3395	3402
2. Mail Subscription (Paid and or requested)	358	372
3. Paid Electronic Copies	170	170
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	3923	3944
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	0	0
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	82	82
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	4005	4026
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	149	155
2. Return from News Agents	246	247
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	4400	4428

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

[signature] (Signature)

Publisher (Title)

State of South Dakota)
§
County of Butte)

Sworn to before me this 13 day of Sept., 2019

[signature] Notary Public

My commission expires: March 21, 2023

(Seal)

Form: SOS REC 051 9/2016